

**OFFICE OF DISEASE PREVENTION  
WASTED VACCINE REPORT FORM**

**DATE VACCINE WASTED** \_\_\_\_\_

**PROVIDER NAME** \_\_\_\_\_ **PROVIDER NUMBER** \_\_\_\_\_

Type of Vaccine	Lot Number	Number of Doses	Reason for Return

**COMMENTS:** \_\_\_\_\_

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**Returned By:** \_\_\_\_\_

**White Copy: Retained by the State Office/Canary Copy: Retained by the Submitting Provider**